



# PUBLIC HEALTH



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## PREVENTION OPPORTUNITIES UNDER THE BIG SKY

### Behavioral Risk Factor Surveillance System: 30 Years of Health Surveillance in Montana

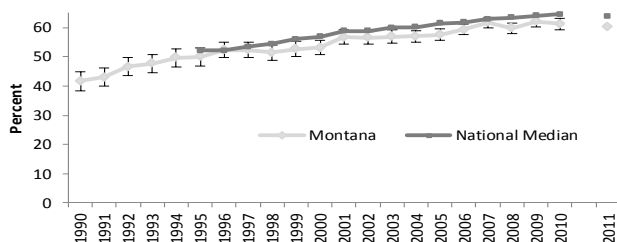
The Behavioral Risk Factor Surveillance System (BRFSS) is a national system of state-based telephone surveys established in 1984 by the Centers for Disease Control and Prevention (CDC).<sup>1</sup> Montana was one of the first 15 states to participate. The 2013 survey year marks the 30<sup>th</sup> anniversary of this important source of public health information. By 1993, the BRFSS had been adopted by all 50 states and several territories to gather information on health risk behaviors, clinical prevention practices, and health care access. More than 500,000 interviews from a representative sample of non-institutionalized adults are completed each year, making the BRFSS the largest and longest running telephone health survey in the world.

States use BRFSS data to identify emerging health problems; establish and track health objectives; develop and evaluate public health programs and policies; and help focus public health resources where they are most needed. Not only is BRFSS an important source of risk behavior data for states, the system is also useful to measure progress toward *Healthy People 2020* objectives for the nation and allows state-to-state comparisons of results from standardized questions.<sup>2</sup> In addition, BRFSS allows states to add questions of their own choosing to gather information to improve community health and public health practices in the state. For most states, BRFSS is the only source of population-based health behavior data.

From the inception of the BRFSS, topics have been added or removed in response to evolving public health concerns.<sup>3</sup> Some questions have remained the same or changed minimally which allows a comparison of the frequency of health behaviors over the years. Note a break in the trend line with 2011 data indicates a new analytic weighting methodology.<sup>4</sup> This issue of *Montana Public Health* highlights some results that indicate public health success, and others that suggest challenges still to be met.

**Obesity - - a challenge to be met** Obesity is measured using a respondent's self-reported height and weight to calculate the Body Mass Index (BMI). A BMI between 25 and less than 30 is classified as overweight and a BMI of 30 or more is classified as obese.<sup>5</sup> Reflecting national trends, the prevalence of being overweight, including obese, has increased significantly from 41.7% in 1990 to 61.3% in 2010 for Montana adults (Figure 1).

**Figure 1. Overweight, including Obesity of Montana Adults, BRFSS, 1990-2011**

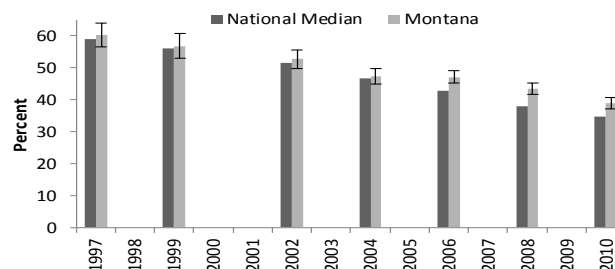


In 1990, 8.7% of Montana adults were obese and in 2010, 21.6% were obese. While the proportion of adults who are overweight has continued to increase, Montana is currently meeting the *HP2020* target of reducing obesity to  $\leq 30\%$  of adults. The long term goal is to stabilize and eventually decrease the prevalence of overweight and obesity among Montanans.

### Colorectal Cancer Screening - - some success and remaining challenge

Early detection of cancer or removal of pre-cancerous polyps before symptoms are present can reduce mortality from cancer. It is recommended that adults aged 50 to 75 years be screened by a fecal occult blood test (FOBT) once a year, a sigmoidoscopy every 5 years, or a colonoscopy every 10 years.<sup>6</sup> Adults who are at high risk should talk to their healthcare provider about screening earlier than age 50.<sup>7</sup>

**Figure 2. Never had sigmoidoscopy or colonoscopy screening, Montana Adults, BRFSS, 1997-2011**



The proportion of Montana adults aged 50 years and older who have never had a sigmoidoscopy or colonoscopy has decreased from 60.3% in 1997 to 39.0% in 2010 (Figure 2). This change is a substantial improvement over time, but still more than 1 in 3 Montana adults aged 50 and older have never had this screening test.

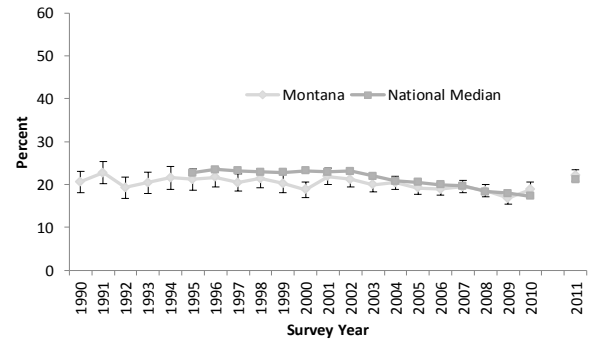
**Current Smokers - a deadly, persistent challenge**  
Smoking contributes to the development of many chronic conditions, including respiratory illness, cancers, and cardiovascular diseases. Smoking continues to be the leading preventable cause of premature death in the United States and in Montana.<sup>8</sup>

Current smoking status was defined as ever having smoked 100 cigarettes (five packs) and smoking cigarettes now, either every day or on some days. In 1990, 20.6% of Montana adults were current smokers and by 2010, the percentage had declined only slightly to 18.8% (Figure 3).

**The BRFSS** Over its first 30 years, BRFSS remained an important source of population-based health information for Montana and the country. In 1984, 855 Montana adults were interviewed and the survey contained information on 11 different health topics with 45 questions. In 2011, more than 10,000 Montana adults were interviewed providing information on 29 different topics for not only the state but also for 3 Montana counties per year and 5 health planning regions with 168 questions.

The system continues to adapt to the need for state-level information, such as conducting the Asthma Callback survey for asthma monitoring and management since 2006 and responding to public health emergencies such as pandemic influenza or vaccination shortages of recent years. BRFSS continues to be the gold standard in state-based behavioral surveillance.

**Figure 3. Current Cigarette Smoking among Montana Adults, BRFSS, 1990-2011**



#### Recommendations for healthcare providers in the use of BRFSS – turning data into information:

- Educate patients and the public about risk behaviors and the benefits of prevention practices, such as screening tests used to identify a condition in people who may have a disease before symptoms occur, visit [www.cdc.gov/brfss](http://www.cdc.gov/brfss).
- Use BRFSS data for research and practice. BRFSS can be used to highlight differences/disparities between demographic groups and up-to-date information can be found on-line at: [www.brfss.mt.gov](http://www.brfss.mt.gov) by using the data query or publication links.
- The MT DPHHS has developed and sponsored many projects to increase the use of prevention practices and based on survey findings, interventions are planned. Stay involved with your community and be part of initiatives designed to improve state and local health policy decisions.

For more information about the Montana BRFSS or data on other health risk behaviors or conditions, contact Joanne Oreskovich, PhD, Program Manager/Epidemiologist, Montana BRFSS, [joreskovich@mt.gov](mailto:joreskovich@mt.gov), 406-444-2973. This project was supported by a grant from the Centers for Disease Control and Prevention, CDC-RFA-SO-11-110102CONT12.

**References:** Available in online version. Visit <http://www.dphhs.mt.gov/publichealth/publications.shtml>

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